



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

4/13/15

Shawn McCall
1521 8th Ave
Grinnell, IA 50112

Dear Child Care Provider,

This letter is in regards to the 4/10/15 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1)g Safety barriers are at stairways and doors as needed.
Need to place high latch on basement door for safety.

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies:
Need to develop a written policy and make part of handout/contract for parents.

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years.

At the time of my visit you did not have a current statement of health or immunization record for yourself. You indicated you had an appointment set for this. Please place record in your provider file upon receipt.

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.

At the time of my visit you did not have a signed medical consent in any of the children's files. Please obtain from parents and place in each child's file.

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.

The following children need physicals: SA, AF, LW, LF, CJ and MC

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.

The following children need statements of health: HS, GS, CS, TG and HG

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

At the time of my visit all of your infant/preschool children's files needed this statement. Please obtain and place in each child's file.

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.

At the time of my visit all of your school aged children needed this for their files. Please obtain and place in each child's file.

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health.

Child SA needs this for her file.

☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.

At the time of my visit all of your school aged children's files needed updated with this form. Please obtain and place in each child's file.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration.

Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.

☒ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates.

Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

**Please sign and date below, and return this form in the provided envelope by:
June 3, 2015**

X _____
Signature Date

Please do not hesitate to contact me at DHS at 641 684 3937 if you have any questions regarding this letter.

Sincerely,

Social Worker II

Irene A. Holzwarth, signed electronically

Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral: Brenda O'Halloran (641) 820-1923 bohallowan@orchardplace.org

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).